Image# 14941781453 PAGE 1 / 39

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	lse Only	
1.	NAME OF COMMITTEE (in		PE OR P	RINT ▼		mple: If typi the lines.	ng, type	12FE4	lM5		
V	alues are Vita	al									1
AD∣	DRESS (number an	id street)	PMB 89								
H	Check if diff		1217 Cap	e Coral Pkwy E							
ŀ	than previou reported. (A		Cape Co	al				FL	3390	4	
2.	FEC IDENTIFIC	ATION NUM	BER ▼		CITY			STATE 🛦		ZIP COI	DE 🛦
	C C0055242	22		3.	IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REF (Choose One)	PORT	(b) Mont	ort '	eb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Re	ports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			A	Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		y Report (Q1)	(c)	12-Day		Primary (12F	P)	Gen	eral (12G)		Runoff (12R)
	Quarterl	y Report (Q2)		PRE -Election Report for the		Convention ((12C)	Spe	cial (12S)		
	October Quarterl	15 y Report (Q3)			_						
	January Year-En	31 d Report (YE)		Ele	ction on	M = M /	D D /	Y Y Y	Y	in the State of	
		Mid-Year (Non-election lly) (MY)	(d)	30-Day POST-Election Report for the		General (300	G)	Run	off (30R)		Special (30S)
	Termina (TER)	tion Report		·	ction on	M M /	D D /	Y = Y = Y	Y	in the State of	
5.	Covering Period	04	03	201	4	through	M M 06	30		14	
l ce	ertify that I have e	xamined this	Report ar	nd to the best	of my know	vledge and	belief it is tru	ue, correc	t and comple	ete.	
Тур	e or Print Name o	of Treasurer	Ronald M	Firman							
Sig	nature of Treasure	r Ronald I	M Firman			[Electronicall	y Filed] [M M / D	D /	2014
NO.	TE: Submission of	false, erroneou	us, or inco	mplete informa	ation may su	bject the per	son signing t	nis Report	to the penalt	ies of 2 L	J.S.C. §437g.
	Office								FEC	FOR	M 3X
	Use Only									Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Values are Vital 04 03 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1010000.00 January 1, 2014 (b) Cash on Hand at 126991.15 Beginning of Reporting Period..... 1674304.71 572304.71 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 699295.86 2684304.71 6(a) and 6(c) for Column B)..... 698755.80 2683764.65 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 540.06 540.06 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
Contributions (other than loans) From:								
(a) Individuals/Persons Other								
Than Political Committees		407400000						
(i) Itemized (use Schedule A)	569000.00	1671000.00						
(ii) Unitemized	0.00	0.00						
(iii) TOTAL (add								
Lines 11(a)(i) and (ii)▶	569000.00	1671000.00						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees								
(such as PACs)	0.00	0.00						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry								
Totals to Line 33, page 5)▶	569000.00	1671000.00						
. Transfers From Affiliated/Other								
Party Committees	0.00	0.00						
All Loons Dessived	0.00	0.00						
. All Loans Received	5 5	0.00						
Loan Repayments Received	0.00	0.00						
Offsets To Operating Expenditures		7						
(Refunds, Rebates, etc.)								
(Carry Totals to Line 37, page 5)	3300.00	3300.00						
. Refunds of Contributions Made	7	7						
to Federal Candidates and Other								
Political Committees	0.00	0.00						
Other Federal Receipts								
(Dividends, Interest, etc.)	4.71	4.71						
. Transfers from Non-Federal and Levin Funds								
(a) Non-Federal Account								
(from Schedule H3)	0.00	0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00						
(c) Total Transfers (aud To(a) and To(b))	0.00	0.00						
. Total Receipts (add Lines 11(d),								
12, 13, 14, 15, 16, 17, and 18(c))▶	572304.71	1674304.71						
T. 15 1 18 11								
. Total Federal Receipts	E70004.74	4074004.74						
(subtract Line 18(c) from Line 19)▶	572304.71	1674304.71						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Juichau Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	95212.61	159292.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	95212.61	159292.48
. Transfers to Affiliated/Other Party	7	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
. Independent Expenditures	602542.10	1416702.26
(use Schedule E)	603543.19	1416792.26
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	1107679.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
	, ,	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	1107679.91
(aud Lilles 20(a), (b), and (c))		
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	698755.80	2683764.65
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	698755.80	2683764.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 20 1 01111 0x (1101. 02/2000)		i ago c			
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	569000.00	1671000.00			
4. Total Contribution Refunds (from Line 28(d))	0.00	1107679.91			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	569000.00	563320.09			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	95212.61	159292.48			
. Offsets to Operating Expenditures (from Line 15, page 3)	3300.00	3300.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	91912.61	155992.48			

	FC	DR	LINE	NU	MBER	:	PAGE	6	OF	39
Use separate schedule(s) for each category of the	l `_		ck only	or	ne)					
Detailed Summary Page		X	11a		11b		11c	12		
, ,			13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Values are Vital Full Name (Last, First, Middle Initial) Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 04 03 2014 City State Zip Code Transaction ID: SA11AI.4412 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 427320.09 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 04 04 2014 City State Zip Code Transaction ID: SA11AI.4413 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 100000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 527320.09 Other (specify) Full Name (Last, First, Middle Initial) c. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street 09 2014 04 #301 City State Zip Code Transaction ID: SA11AI.4414 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 100000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 627320.09 Other (specify) 250000.00 SUBTOTAL of Receipts This Page (optional).....

		R LINE		:	PAGE		7 0	F	39
Use separate schedule(s) for each category of the	`	eck only	,						
Detailed Summary Page	<u> </u> ×	11a	11b		11c		12	_	,
		13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Values are Vital Full Name (Last, First, Middle Initial) Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 04 2014 10 City State Zip Code Transaction ID: SA11AI.4415 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 677320.09 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 04 14 2014 City State Zip Code Transaction ID: SA11AI.4416 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 25000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 702320.09 Other (specify) Full Name (Last, First, Middle Initial) c. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street 2014 04 14 #301 City State Zip Code Transaction ID: SA11AI.4417 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 75000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 777320.09 Other (specify) 150000.00 SUBTOTAL of Receipts This Page (optional).....

	F	ЭR	LINE	NU	MBER	:	PAGE	Ξ	8	OF	39
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12		
., .,			13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Values are Vital Full Name (Last, First, Middle Initial) Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 04 2014 City State Zip Code Transaction ID: SA11AI.4420 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 40000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 817320.09 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 04 16 2014 City State Zip Code Transaction ID: SA11AI.4418 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 60000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 877320.09 Other (specify) Full Name (Last, First, Middle Initial) c. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street M = M 2014 04 16 #301 City State Zip Code Transaction ID: SA11AI.4419 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 60000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 937320.09 Other (specify) 160000.00 SUBTOTAL of Receipts This Page (optional).....

	FC	R	LINE	NU	MBER	:	PAGE	9	OF	39
Use separate schedule(s) for each category of the	(cł	nec	k only	or	ne)					
Detailed Summary Page		X	11a		11b		11c	12		
			13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Values are Vital Full Name (Last, First, Middle Initial) Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 06 2014 City State Zip Code Transaction ID: SA11AI.4421 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 4000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 941320.09 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald M Firman Date of Receipt Mailing Address 247 SW 8th Street #301 06 2014 11 City State Zip Code Transaction ID: SA11AI.4422 FL Miami 33130 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 946320.09 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 9000.00 SUBTOTAL of Receipts This Page (optional).....

569000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 10 OF 39 (check only one)					
			Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17					
Ar or	y information copied from such Reports and Stator commercial purposes, other than using the r	atements maname and a	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Values are Vital								
Α.	Full Name (Last, First, Middle Initial) Morado & Associates, LLC			Date of Receipt					
	Mailing Address 1217 E Cape Coral Parkway PMB #160	01-1-	7's Oath	04 25 2014					
	City Cape Coral	State FL	Zip Code 33904	Transaction ID : SA15.4423 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		3300.00					
	Name of Employer	Occupation		Refund for advertising					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		3300.00						
В.	Full Name (Last, First, Middle Initial)	Date of Receipt							
	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C							
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt					
•	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Account of Early Descriptible Parish					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼						
S	UBTOTAL of Receipts This Page (optional)			3300.00					
Т	OTAL This Period (last page this line number of	nly)		3300.00					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 39						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)					
	Detailed Summary Page	X 21b		24 25 26				
	<u> </u>	27		28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)		•						
Values are Vital								
Full Name (Last, First, Middle Initial)								
A. Arent Fox LLP			Date of Disbursement	Y Y Y Y Y				
Mailing Address 1717 K Street NW			04 14 2014					
City	State Zip Code		Transaction ID : SB2	91R 4428				
Washington	DC 20036		Transaction ib . 3b2	110.4420				
Purpose of Disbursement Legal fees			Amount of Each Disbu	rsement this Period				
Candidate Name		Category/ Type		3000.00				
	ment For: 2014							
Senate President	Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
B. Arent Fox LLP			Date of Disbursement	Y				
Mailing Address 1717 K Street NW			06 10	2014				
City Washington	State Zip Code DC 20036		Transaction ID : SB2	21B.4439				
Purpose of Disbursement Legal fees			Amount of Each Disbu	rsement this Period				
Candidate Name		Category/ Type		6641.50				
Office Sought: House Disburse	ment For: 2014	71	,					
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)			Date of Disbursement					
C. Axiom Strategies, LLC			M M / D D /	Y Y Y Y				
Mailing Address 1251 NW Briarcliff Parkway Suite 85			04 18	2014				
City	State Zip Code		Transaction ID : SB2	21B.4431				
Kansas City Purpose of Disbursement	MO 64116							
Advisory Services Candidate Name		Category/ Type	Amount of Each Disbu	rsement this Period 5025.00				
Office Sought: House Disburse	ment For: 2014	Турс		7				
Senate President	Primary General Other (specify)							
State: District:	Carer (apoonly)							
2.6								
SUBTOTAL of Disbursements This Page (optional).		·····•		14666.50				
TOTAL This Period (last page this line number only	·)							

S ľ

See separate schedule(s) for each category of the betailed Summary Fage	tions
Detailed Summary Page	30b tions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full)	tions
NAME OF COMMITTEE (In Full) Values are Vital Full Name (Last, First, Middle Initial) A. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Kansas City Office Sought: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 Candidate Name Disbursement For: 2014 Senate President City Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Disbursement Advisory Services Candidate Name Category/ Type Date of Disbursement Transaction ID: SB21B.4432 Amount of Each Disbursement Advisory Services Candidate Name Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement Advisory Services Candidate Name Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433	
Values are Vital Full Name (Last, First, Middle Initial) A. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Kansas City Purpose of Disbursement Advisory Services Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Mansas City Mo 64116 Date of Disbursement Amount of Each Disbursement this Date of Disbursement Amount of Each Disbursement Date of Disbursement this Transaction ID: S8218.4432 Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Date of Disbursement Transaction ID: S8218.4432 Transaction ID: S8218.4433 Amount of Each Disbursement Date of Disbursement this Date of Disbursement this Transaction ID: S8218.4433 Amount of Each Disbursement this Date of Disbursement	
Full Name (Last, First, Middle Initial) A. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Kansas City Mo 64116 Purpose of Disbursement Advisory Services Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Mo 64116 Primary General Primary General Other (specify) Date of Disbursement Transaction ID: SB21B.4432 Amount of Each Disbursement this Date of Disbursement this Transaction ID: SB21B.4432 Amount of Each Disbursement this Date of Disbursement Advisory Services City Kansas City Mo 64116 Purpose of Disbursement Advisory Services Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Amount of Each Disbursement Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Date of Disbursement	
A. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Kansas City Mo 64116 Purpose of Disbursement Advisory Services Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State State District: Full Name (Last, First, Middle Initial) City Office Sought: Office Sought: Full Name Category/ Type Date of Disbursement Transaction ID : SB21B.4432 Amount of Each Disbursement this Category/ Type Date of Disbursement Transaction ID : SB21B.4433 Amount of Each Disbursement Date of Disbursement Category/ Type Transaction ID : SB21B.4433 Amount of Each Disbursement Category/ Type Transaction ID : SB21B.4433 Amount of Each Disbursement Advisory Services Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Condidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Category/ Type Date of Disbursement District: Full Name (Last, First, Middle Initial) Condidate Name Category/ Type Date of Disbursement Transaction ID : SB21B.4433 Amount of Each Disbursement this Category/ Type Date of Disbursement District: Full Name (Last, First, Middle Initial) Condidate Name Category/ Type Date of Disbursement Transaction ID : SB21B.4433 Amount of Each Disbursement District: Full Name (Last, First, Middle Initial) Condidate Name Category/ Type Date of Disbursement Transaction ID : SB21B.4433	
Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State S	
City State Zip Code Kansas City MO 64116 Purpose of Disbursement Advisory Services Candidate Name Category/ Type Office Sought:	Y
City Kansas City Buryose of Disbursement Advisory Services Candidate Name Category/ Type Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 Candidate Name Disbursement For: 2014 Primary General Other (specify) ▼ Date of Disbursement Transaction ID: SB21B.4432 Amount of Each Disbursement this Date of Disbursement Date of Disbursement Transaction ID: SB21B.4432 Amount of Each Disbursement Date of Disbursement Transaction ID: SB21B.4432 Date of Disbursement Date of Disbursement Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Amount of Each Disbursement this Date of Disbursement Date of Disbursement Date of Disbursement Advisory Services Category/ Type Date of Disbursement	
Kansas City Purpose of Disbursement Advisory Services Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 Candidate Name Disbursement For: 2014 Primary General Other (specify) ▼ Date of Disbursement MO 64116 Transaction ID : SB21B.4432 Amount of Each Disbursement this Date of Disbursement Q4	
Advisory Services Candidate Name Category/ Type 1432 Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code MO 64116 Purpose of Disbursement Advisory Services Candidate Name Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement Category/ Type Transaction ID: SB21B.4433 Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Transaction ID: SB21B.4433 Amount of Each Disbursement this Date of Disbursement M M M M M M M M M M M M M M M M M M M	
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailling Address 1251 NW Briarcliff Parkway Suite 85 City Kansas City MO 64116 Purpose of Disbursement Advisory Services Candidate Name Disbursement For: 2014 Senate President State: District: Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Office Sought: House Senate President State: District: District: District: District: Date of Disbursement State: District: District: Date of Disbursement this Category/ Type Other (specify) ▼ Date of Disbursement this Disbursement this Category/ Type To Date of Disbursement this Disbursement For: 2014 Senate President State: District: Date of Disbursement Mailing Address 1251 NW Briarcliff Parkway Suite 85	Period
Office Sought: House Senate Primary General Other (specify) ▼ State: District: District: Prull Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code MO 64116 Purpose of Disbursement Advisory Services Candidate Name Disbursement For: 2014 Senate President Senate President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway General Other (specify) ▼ Date of Disbursement this Category/ Type Date of Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement Type Date	.40
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Kansas City MO 64116 Purpose of Disbursement Advisory Services Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Category/ Type Date of Disbursement this Category/ Type Date of Disbursement Date of Disbursement Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code	
State: District: Full Name (Last, First, Middle Initial) B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Kansas City MO 64116 Purpose of Disbursement Advisory Services Candidate Name Category/ Type Office Sought: House Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Amount of Each Disbursement this Category/ Type Date of Disbursement Transaction ID: SB21B.4433 Amount of Each Disbursement this Category/ Type Date of Disbursement this Category/ Type Date of Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Kansas City MO 64116 Purpose of Disbursement Advisory Services Candidate Name Candidate Name Category/ Type Office Sought: House Primary General Primary General Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zin Code	
B. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Kansas City MO 64116 Purpose of Disbursement Advisory Services Candidate Name Candidate Name Category/ Type Office Sought: House Senate President Senate President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code Category/ Type Date of Disbursement Date of Disbursement Disbursement For: 2014 Category/ Type Date of Disbursement Unity Date of Disbursement	
Mailing Address 1251 NW Briarcliff Parkway Suite 85 City Kansas City Purpose of Disbursement Advisory Services Candidate Name Category/ Type Disbursement For: 2014 Senate President President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State State District: Date of Disbursement Date of Disbursement Advisory Services Category/ Type Disbursement For: 2014 Senate Primary Other (specify) Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement State Date of Disbursement Date of Disbursement	
Kansas City Purpose of Disbursement Advisory Services Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State MO 64116 Amount of Each Disbursement this Category/ Type Other (specify) Other (specify) Date of Disbursement Out of Disbursement	Y
Advisory Services Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zin Code	
Office Sought: House Disbursement For: 2014 Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zin Code	Period
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zin Code	5.02
State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City. State Zin Code	
State: District: Full Name (Last, First, Middle Initial) C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zin Code	
C. Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code	
Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code	
Mailing Address 1251 NW Briarcliff Parkway Suite 85 City State Zip Code	V
City State Zin Code	
Kansas City MO 64116	
Purpose of Disbursement Advisory Services	
Candidate Name Category/ Category/	Period 0.00
Office Sought: House Senate President Disbursement For: 2014 Seneral Other (specify) ▼	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	.42

ľ

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 39			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	_	Detailed Summary Page	X 21b	22 23 24 25		
_			27	28a 28b 28c 29		
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam					
۲	NAME OF COMMITTEE (In Full)	and address of any point	COMMINICO 10	COOR CONTRIBUTION OF THE SUCIT CONTRI		
$ \rangle$	Values are Vital					
V						
_	Full Name (Last, First, Middle Initial)					
Α.	Evolution Media			Date of Disbursement		
	Mailing Address 308 McDaniel St			04 30 2014	Y	
	Walling Addices 500 McDaillei St			04 30 2014		
	City	State Zip Code		Transaction ID : SB21B.4434		
	Tallahassee	FL 32301		Transaction ID : SB21B.4434		
	Purpose of Disbursement Advisory Services			Amount of Each Disbursement this	a Bariad	
	Candidate Name			Amount of Each Disbursement this	s renou	
			Category/ Type	2	25.00	
	Office Sought: House Disbursen	nent For: 2014	21			
		Primary General				
	President	Other (specify) ▼				
_	State: District:					
R	Full Name (Last, First, Middle Initial) Finemark National Bank - Trust			Date of Disbursement		
٥.	Finemark National Bank - Trust			M M / D D / Y Y Y	V	
	Mailing Address 12681 Creekside Lane			06 30 2014		
	,	State Zip Code		Transaction ID : SB21B.4426		
	Fort Myers Purpose of Disbursement	FL 33919				
	Wire transfer fees			Amount of Each Disbursement this	s Period	
	Candidate Name		Category/			
			Type	3	10.00	
		nent For: 2014				
		Primary General				
	State: District:	Other (specify) ▼				
_	Full Name (Last, First, Middle Initial)					
C.	Finemark National Bank - Trust			Date of Disbursement		
				M M / D D / Y Y Y	Y	
	Mailing Address 12681 Creekside Lane			06 30 2014		
	City	State Zip Code				
	Fort Myers	FL 33919		Transaction ID : SB21B.4440		
	Purpose of Disbursement					
	Bank maintenance fee			Amount of Each Disbursement this	s Period	
	Candidate Name		Category/		20.00	
	Office Sought: House Disbursen	nent For: 2014	Туре			
	Senate Dispulser	Primary General				
	President	Other (specify) ▼				
_	State: District:	· 				
5	SUBTOTAL of Disbursements This Page (optional)		·····	55	55.00	
L						
1	'OTAL This Period (last page this line number only)					

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF 39		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 28a	23 24 25 26 28b 28c 29 30b
A . (
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
│ Values are Vital				
Full Name (Last, First, Middle Initial)				
A. Jamestown Associates			Date of Dis	sbursement
Mailing Address 5 Mapleton Road Suite 300			04	30 2014
	State Zip Code			
Princeton	NJ 08540		Transact	ion ID : SB21B.4441
Purpose of Disbursement Advisory Services			Amount of	Each Disbursement this Period
Candidate Name		Category/		25470.03
Office Sought: House Disburse	ment For: 2014	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Law Office of James C Thomas III			Date of Dis	sbursement
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300			04	09 2014
City Kansas City	State Zip Code MO 64153		Transact	ion ID : SB21B.4436
Purpose of Disbursement Legal and reporting fees			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		6273.16
Office Sought: House Disburse	ment For: 2014	туре		, , , , , , , , , , , , , , , , , , , ,
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Law Office of James C Thomas III			Date of Dis	sbursement
Law Office of James C Thomas III			M M /	D D / Y Y Y Y
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300			05	04 2014
	State Zip Code MO 64153		Transact	ion ID : SB21B.4438
Purpose of Disbursement Legal and reporting fees	04133			
Candidate Name		Category/ Type	Amount of	Each Disbursement this Period 7845.50
Office Sought: House Disburse	ment For: 2014	7.		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				39588.69
			-	
TOTAL This Period (last page this line number only)	·····		7

Transaction ID: SB21B.4427 Amount of Each Disbursement Full Name (Last, First, Middle Initial) AWIISON Perkins Allen Mailing Address 1319 Classen Drive City Characteristics City Characteristics Full Name (Last, First, Middle Initial) Wilson Perkins Allen Mailing Address 1319 Classen Drive City Characteristics Full Name (Last, First, Middle Initial) Wilson Perkins Allen Mailing Address 1319 Classen Drive City Characteristics Full Name (Last, First, Middle Initial) Wilson Perkins Allen Mailing Address Transaction ID: SB21B.4427 Amount of Each Disbursement Full Name (Last, First, Middle Initial) Wilson Perkins Allen Mailing Address Transaction ID: SB21B.4430 Amount of Each Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement Full Name (Last, First, Middle Initial) City City State Disbursement For: 2014 Senate Permany Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Cate	SCHEDULE B (FEC Form 3X)	Llos congrete cabadida/a	, FOR LINE	-	PAGE 15 OF 39
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliding contributions of for commercial purposes, other than using the name and address of any political committee to solidit contributions from such committee. NAME OF COMMITTEE (In Full) Values are Vital Full Name (Last, First, Middle Initial) A. Wilson Perkins Allen Mailing Address 1319 Classen Drive City Oklahoma City Office Sought: Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen Mailing Address 1319 Classen Drive City Oklahoma	ITEMIZED DISBURSEMENTS		X 21b	22 23	
NAME OF COMMITTEE (in Full) Values are Vital Full Name (Last, First, Middle Initial) A. Wilson Perkins Allen Mailing Address 1319 Classen Drive City State Zip Code OK 73103 Purpose of Disbursement Polling Candidate Name Office Sought: House Senate Primary General Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen Mailing Address 1319 Classen Drive City Okeoma City Ok 73103 Date of Disbursement this Period Transaction ID : SB21B.4427 Amount of Each Disbursement Other (specify) ▼ Transaction ID : SB21B.4430 Date of Disbursement Other (specify) ▼ Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4437 Transaction ID : SB21B.4437 Transaction ID : SB21B.4437 Transaction ID : SB21B.4437 Amount of Each Disbursement this Period Category/ Types Transaction ID : SB21B.4437 Transaction I			ısed by any perso	on for the purpose of	soliciting contributions
A. Wilson Perkins Allen Mailing Address 1319 Classen Drive City State Zip Code OK 73103 Purpose of Disbursement Polling Candidate Name Category/ Office Sought: House President State Zip Code Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Types of Disbursement District: Full Name (Last, First, Middle Initial) Category/ Types of Disbursement Disbursement For: 2014 City State Zip Code Other (specify) ▼ Date of Disbursement this Period Transaction ID : SB21B.4427 Amount of Each Disbursement Beriod Category/ Type Transaction ID : SB21B.4430 Date of Disbursement Disbursement Disbursement For: 2014 Category/ Type Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB21B.4430 Date of Disbursement this Period Category/ Type Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB21B.4437 Transaction ID : SB21B.4437 Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House President Candidate Name Category/ Type District: District: District: Category/ Type Office Sought: House Primary General Primary General President State: District: District: Category/ Type Office Sought: Dist	NAME OF COMMITTEE (In Full)	ne and address of any poli	lical committee to	solicit contributions	iroiti such committee.
Mailing Address 1319 Classen Drive City Oklahoma City OK					
Amount of Each Disbursement this Period City State Zip Code OK 73103 Transaction ID: \$B21B.4427 Amount of Each Disbursement this Period Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Wilson Perkins Allen Mailing Address 1319 Classen Drive City State Zip Code OK 73103 Transaction ID: \$B21B.4437 Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID: \$B21B.4430 Date of Disbursement Other (specify) ▼ Transaction ID: \$B21B.4430 Amount of Each Disbursement Other (specify) ▼ Transaction ID: \$B21B.4430 Amount of Each Disbursement this Period Category' Type Transaction ID: \$B21B.4430 Amount of Each Disbursement this Period Category' Type Transaction ID: \$B21B.4430 Amount of Each Disbursement this Period Category' Type Transaction ID: \$B21B.4430 Amount of Each Disbursement this Period Category' Type Transaction ID: \$B21B.4430 Amount of Each Disbursement this Period Category' Type Transaction ID: \$B21B.4430 Amount of Each Disbursement this Period Category' Type Office Sought: House Disbursement For: Other (specify) ▼ Substortal of Disbursement this Period Category' Type Office Sought: House Disbursement For: Other (specify) ▼ Substortal of Disbursements This Page (optional) ■ Substortal of Disbursements This Page (optional) ■ Substortal of Disbursements This Page (optional) ■ 24700.00	A. Wilson Perkins Allen				
Oklahoma City Purpose of Disbursement Polling Candidate Name Office Sought: House Senate President State: Disbursement Polling Candidate Name Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Disbursement Other (specify) ▼ Transaction ID : S821B.4427 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Other (specify) ▼ Transaction ID : S821B.4430 Date of Disbursement Other (specify) ▼ Transaction ID : S821B.4430 Date of Disbursement Other (specify) ▼ Transaction ID : S821B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : S821B.4430 Date of Disbursement Other (specify) ▼ Date of Disbursement this Period Category/ Type Transaction ID : S821B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : S821B.4430 Amount of Each Disbursement this Period Category/ Type Transaction ID : S821B.4430 Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substortal of Disbursement this Period Category/ Type Office Sought: President Other (specify) ▼ Substortal of Disbursement this Period Category/ Type Office Sought: President Other (specify) ▼ Substortal of Disbursement this Period Category/ Type Office Sought: President Other (specify) ▼ Substortal of Disbursement this Period	Mailing Address 1319 Classen Drive				
Purpose of Disbursement Polling Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen Mailing Address 1319 Classen Drive City State Zip Code Okahoma City OK 73103 Purpose of Disbursement Polling Candidate Name Office Sought: House Senate President State: District: Disbursement For: 2014 Amount of Each Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement Date of Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement Transaction ID: SB21B.4430 Date of Disbursement this Period Category/ Type Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President Category/ Type Office Sought: House Category/ Type Office Sought: Primary General Other (specify) ▼ State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substotal of Disbursement this Period Substotal of Disbursement this Period Category/ Type Office Sought: Primary General Other (specify) ▼ Substotal of Disbursement this Period Category/ Type Office Sought: Primary General Other (specify) ▼ Substotal of Disbursement this Period				Transaction ID :	SB21B.4427
Cardidate Name Category' Type Office Sought: House President Persident State: District: Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen Mailing Address 1319 Classen Drive City State Zip Code Oklahoma City OK 73103 Purpose of Disbursement Polling Candidate Name Category' Type Transaction ID : SB21B.4430 Amount of Each Disbursement this Period Office Sought: House President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Oklahoma City Ok 73103 Primary General President Other (specify) ▼ Date of Disbursement this Period Category' Type Category' Type Todad Oklahoma City Oklahoma C	Purpose of Disbursement	75105			
Office Sought: House Senate President State: District: Senate Disbursement For: 2014			- L	Amount of Each D	Disbursement this Period
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen Mailing Address 1319 Classen Drive City Okahoma City OK 73103 Purpose of Disbursement Polling Candidate Name Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code OK 73103 Amount of Each Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category/ Type Office Sought: John Category/ Type Office Sought: House Senate President Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: State: Disbursement For: Senate President Other (specify) ▼ State: Disbursement For: Senate President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)					17100.00
Full Name (Last, First, Middle Initial) Mailing Address 1319 Classen Drive City Oklahoma City OK 73103 Purpose of Disbursement Polling Candidate Name Category/ State: District: Date of Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category/ Type Total Category/ Type Catego	Senate	Primary General			
B. Wilson Perkins Allen Mailing Address 1319 Classen Drive City State Zip Code OK 73103 Purpose of Disbursement Polling Candidate Name Disbursement For: 2014 President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Other (specify) ▼ Date of Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Thype Date of Disbursement Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: SB21B.4430 Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Primary General Office Sought: Disbursement This Period Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)					
Mailing Address 1319 Classen Drive City Oklahoma City Category/ Type Other (specify) Fresident State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: Office Sought: Fresident Senate Primary General Other (specify) Office Sought: Office Sought: Senate Primary General Other (specify) Senate Primary General Other (specify) State: Substruct: Substructs Amount of Each Disbursement this Period Category/ Type Office Sought: Offic	_				
Oklahoma City OK 73103 Purpose of Disbursement Polling Candidate Name Category/ Type Other (specify) Category/ Type Office Sought: House Primary General Primary General Other (specify) Senate President State: District: Substock Substock Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Category/ Type	Mailing Address 1319 Classen Drive				
Polling Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrotal of Disbursements This Page (optional)	Oklahoma City			Transaction ID :	SB21B.4430
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) Type Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: Office Sought: House Senate Primary General Other (specify) Type State: District: Substract Category/ Type Office Sought: House Senate Primary General Other (specify) Type Substract Category/ Type Office Sought: House Senate Primary General Other (specify) Type State: District: Other (specify) Type			· · · ·	Amount of Each D	Disbursement this Period
State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General District: State: District: Substock Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) State: District: Substate: Disbursements This Page (optional)	Candidate Name				7600.00
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)	Senate President	Primary General			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substoctal of Disbursements This Page (optional)					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substotal of Disbursements This Page (optional)	c.			Date of Disbursen	nent
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute	Mailing Address			M M / D C	/
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substruct: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Senate Primary General Other (specify) 24700.00	City	State Zip Code			
Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement		· · ·		
Office Sought: House Senate Primary General Other (specify) State: District: Substitution: State Senate Primary General Other (specify) State: District: Primary General Other (specify) 24700.00	Candidate Name				
30BTOTAL of Disbursements This Page (optional)	Senate President	Primary General	, ,		
30BTOTAL of Disbursements This Page (optional)					24700.00
TOTAL This Period (last page this line number only)	SOUTOTAL OF DISDUISEMENTS THIS Page (optional)		·····		

Ronald M Firman

Signature

	CHEDULE E (FEC Fo				
ı	EMIZED INDEPENDENT EX	RPENDITURES			PAGE 16 OF 39 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
١	/alues are Vital			С	C00552422
CI	heck if 24-hour report	48-hour report New	report Amends rep	ort filed on	/ D = D / Y = Y = Y = Y
	Full Name of Payee Axiom Strategies, LLC			Date of Pul	olic Distribution/Dissemination
	Mailing Address 1251 NW Brian Suite 85	cliff Parkway		Amount	
	City	State	Zip Code		29935.00
	Kansas City	MO	64116		ID: SE.4305 Bursement or Obligation
	Purpose of Expenditure Mailer		Category/ Type 004	04	07 2014
	Name of Federal Candidate		Support	Office Sought:	X House District: 19
	CURTIS J CLAWSON		X Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sou	ght	990334.54	Disbursement For: 2014	
	Full Name of Payee Axiom Strategies, LLC Mailing Address 1251 NW Brian Suite 85	 cliff Parkway		Date of Pul	blic Distribution/Dissemination
	City	State	Zip Code		29935.00
	Kansas City	МО	64116		ID: SE.4336 sbursement or Obligation
	Purpose of Expenditure Mailer		Category/ Type 004	M 04	10 2014
	Name of Federal Candidate		Support	Office Sought:	X House District:19
	CURTIS J CLAWSON		X Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sou	ght	1100309.54	Disbursement For 2014	
	(a) SUBTOTAL of Itemized Indep	pendent Expenditures		>	59870.00
	(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		··· >	
	(c) TOTAL Independent Expendit	ures		··· •	2
	Under penalty of perjury I certify with, or at the request or suggest party committee) any political par	tion of, any candidate or autho			

[Electronically Filed]

2014

07

Check if

City

Mailer

NAME OF COMMITTEE (In Full) Values are Vital

Full Name of Payee

Mailing Address

Kansas City

Purpose of Expenditure

Name of Federal Candidate

LIZBETH BENACQUISTO

Full Name of Payee

Mailing Address

Kansas City

City

Calendar Year-To-Date

Axiom Strategies, LLC

Per Election for Office Sought

Suite 85

24-hour report

Suite 85

Axiom Strategies, LLC

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

48-hour report

1251 NW Briarcliff Parkway

1251 NW Briarcliff Parkway

New report

Zip Code

Category/

1304490.54

Zip Code

64116

Type

64116

State

МО

State

MO

	PAGE 17 OF 39 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00552422
Amends report file	d on
	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Amount
9	25481.00 Transaction ID : SE.4376 Date of Disbursement or Obligation
ry/ pe 004	04 16 7 2014
Support Office Oppose	ce Sought: House District: 19 President Senate State: FL
Disk 2014	oursement For: Primary General Other (specify) Special-Primary
	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э	5739.90 Transaction ID : SE.4391
ry/ pe 004	Date of Disbursement or Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support Office Oppose	ce Sought: House District: 19 President Senate State: FL
	pursement For: Primary General
	31220.90
·····	
·····	

Purpose of Expenditure Category/ Phone Calls 004 Type Name of Federal Candidate X Support PAIGE VANIER Vanier KREEGEL Oppose Calendar Year-To-Date 1399752.44 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ronald M Firman [Electronically Filed] 07 14 2014 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

39 PAGE 18 OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Values are Vital C00552422 Amends report filed on Check if 24-hour report 48-hour report New report Full Name of Payee Date of Public Distribution/Dissemination Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Amount Suite 85 City State Zip Code 5739.90 Kansas City MO 64116 Transaction ID: SE.4392 Date of Disbursement or Obligation Purpose of Expenditure Category/ Phone Calls 004 04 18 2014 Type Name of Federal Candidate 19 Office Sought: Support X House District: **CURTIS J CLAWSON** FL Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date 2014 1405492.34 Per Election for Office Sought X Other (specify) ▶ Special-Primary Full Name of Payee Date of Public Distribution/Dissemination Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Parkway Amount Suite 85 5739.89 City State Zip Code MO 64116 Transaction ID : SE.4393 Kansas City Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Phone Calls 18 04 2014 Type Name of Federal Candidate 19 X House Support Office Sought: District: LIZBETH BENACQUISTO FL Oppose President Senate State: Disbursement For: Primary Calendar Year-To-Date General 1411232.23 2014 Per Election for Office Sought Special-Primary Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 11479.79 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ronald M Firman [Electronically Filed] 2014 Date Signature

Ronald M Firman

Signature

	CHEDULE E (FEC Form					
T	EMIZED INDEPENDENT EXPER	NDITURES				19 OF 39 IE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)					ATION NUMBER ▼
	/alues are Vital					
					C C0055242	.2
С	heck if 24-hour report 48-hou	ur report New repo	ort Amends repo	ort filed on	M / D D	/ Y = Y = Y = Y
	Full Name of Payee Jamestown Associates			Date o	of Public Distribut	ion/Dissemination
	Mailing Address 5 Mapleton Road			Amour	nt	
	Suite 300		=: 0 :			00001.01
	City Princeton	State NJ	Zip Code 08540	Transac	ction ID : SE.428	38981.34
		140	00040		of Disbursement	
	Purpose of Expenditure Media Buy		Category/ Type 004		04 / 03	2014
	Name of Federal Candidate		X Support	Office Sough	t: X House	District:19
	PAIGE VANIER Vanier KREEGEL		Oppose	Preside	ent Senate	e State: FL
	Calendar Year-To-Date Per Election for Office Sought		852230.41	Disbursement 2014 X Of	t For: Prim ther (specify) ▶ _	General Special-Primary
	Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road			Date of Management of Manageme	1 M / D D	tion/Dissemination
	Suite 300	State	Zip Code			38981.33
	Princeton	NJ	08540		ction ID : SE.428 of Disbursement	13
	Purpose of Expenditure Media Buy		Category/ Type 004		04 / 03	2014
	Name of Federal Candidate		Support	Office Sough	it: X House	District: 19
	LIZBETH BENACQUISTO		Oppose	Preside	ent Senate	e State: FL
	Calendar Year-To-Date Per Election for Office Sought		891211.74	Disbursemen 2014 O	t For: Prim	nary General Special-Primary
	(a) SUBTOTAL of Itemized Independen	nt Expenditures				77962.67
	(,)					
	(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		·· •		
	(c) TOTAL Independent Expenditures			•	4	7
	Under penalty of perjury I certify that the with, or at the request or suggestion of party committee) any political party committee.	, any candidate or authorized				

[Electronically Filed]

2014

07

TEMIZED INDEPENDENT EXPENDIT	JRES			PAGE 20 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Values are Vital			С	C00552422
Check if 24-hour report 48-hour report	ort New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jamestown Associates			Date of Pul	blic Distribution/Dissemination
			M = M	/ D D / Y Y Y Y
Mailing Address 5 Mapleton Road			Amount	
Suite 300	State	Zip Code		38981.33
Princeton	NJ	08540		ID: SE.4284 sbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type 004	Date of Dis	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 19
CURTIS J CLAWSON		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	930193.07	Disbursement For: 2014	_ , _
Full Name of Payee Jamestown Associates			Date of Pu	ablic Distribution/Dissemination
Mailing Address 5 Mapleton Road			Amount	
Suite 300	Chata	7's Oads		2058.83
City Princeton	State NJ	Zip Code 08540	1	2058.83 n ID : SE.4285 sbursement or Obligation
Purpose of Expenditure Hulu.com Ad Buy		Category/ Type 004	M M O4	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	X House District:19
PAIGE VANIER Vanier KREEGEL		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		932251.90	Disbursement For 2014 Other	
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	41040.16
(b) SUBTOTAL of Unitemized Independent E	Evnandituras			
(b) SOBTOTAL OF GIRLOTHIZEG INDEPENDENT L	xperialtares		. •	<i>,,,,</i>
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ronald M Firman	[Electron	nically Filed] Date	07 / 14	4 2014
Signature		_ bale	, , , , , , , , , , , , , , , , , , , ,	2011

Ronald M Firman

Signature

	CHEDULE E (FEC Form 3				
TΕ	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 21 OF 39 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
٧	/alues are Vital				C00552422
Ch	neck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	Full Name of Payee Jamestown Associates			Date of I	Public Distribution/Dissemination
	Mailing Address 5 Mapleton Road				
	Suite 300			Amount	
	City	State	Zip Code		2058.82
	Princeton	NJ	08540		on ID : SE.4286 Disbursement or Obligation
	Purpose of Expenditure Hulu.com Ad Buy		Category/ Type 004	M 04	
	Name of Federal Candidate		Support	Office Sought:	X House District: 19
	LIZBETH BENACQUISTO		X Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		934310.72	Disbursement F 2014	for:
	Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road			Date of M Amount	Public Distribution/Dissemination
	Suite 300	State	Zin Codo		2058.82
	Princeton	NJ	Zip Code 08540		on ID : SE.4287 Disbursement or Obligation
	Purpose of Expenditure Hulu.com Ad Buy		Category/ Type 004	M 04	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	X House District:19
	CURTIS J CLAWSON		X Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		936369.54	Disbursement F 2014	For: Primary General er (specify) ► Special-Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures		.	4117.64
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	4
	(c) TOTAL Independent Expenditures			•	7 1 7 1 1 2 1
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			

[Electronically Filed]

2014

07

	CHEDULE E (FEC Form 3X)		
ΓΕ	MIZED INDEPENDENT EXPENDITURES		PAGE 22 OF 39 FOR LINE 24 OF FORM 3X
14	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	alues are Vital		C C00552422
Ch	eck if 24-hour report 48-hour report New re	eport Amends repo	ort filed on M M M / D D / Y Y Y Y Y
	Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination
	Mailing Address 5 Mapleton Road		Amount
	Suite 300		
	City State Princeton NJ	Zip Code 08540	Transaction ID : SE.4295 Date of Disbursement or Obligation
	Purpose of Expenditure TV ad	Category/ Type 004	04 04 2014
	Name of Federal Candidate	X Support	Office Sought: X House District: 19
	PAIGE VANIER Vanier KREEGEL	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	941046.22	Disbursement For: Primary General 2014
	Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road		Date of Public Distribution/Dissemination Amount
	Suite 300		
	City State Princeton NJ	Zip Code 08540	4676.66 Transaction ID : SE.4296 Date of Disbursement or Obligation
	Purpose of Expenditure TV Ad	Category/ Type 004	Date of Disbutsement of Congation
	Name of Federal Candidate	Support	Office Sought: X House District: 19
	LIZBETH BENACQUISTO	Support Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	945722.88	Disbursement For: Primary General 2014
	(a) SUBTOTAL of Itemized Independent Expenditures		9353.34
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •

Ronald M Firman [Electronically Filed] 07 2014 Date Signature

Ronald M Firman

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 23 OF 39 FOR LINE 24 OF FORM 3X
N/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	alues are Vital		C C00552422
Ch	eck if 24-hour report 48-hour report New re	eport Amends rep	ort filed on
	Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination
	Mailing Address 5 Mapleton Road		Amount
	Suite 300		
	City State Princeton NJ	Zip Code 08540	4676.66 Transaction ID : SE.4297 Date of Disbursement or Obligation
	Purpose of Expenditure TV ad	Category/ Type 004	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:
	CURTIS J CLAWSON	X Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	950399.54	Disbursement For: Primary General 2014 Special-Primary Special-Primary
	Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road		Date of Public Distribution/Dissemination
	Suite 300		Amount
	City State	Zip Code	26680.00
	Princeton NJ	08540	Transaction ID : SE.4333 Date of Disbursement or Obligation
	Purpose of Expenditure TV Buy	Category/ Type 004	04 / 10 / 2014
	Name of Federal Candidate	X Support	Office Sought: X House District: 19
	PAIGE VANIER Vanier KREEGEL	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	1017014.54	Disbursement For: Primary General 2014 Special-Primary Special-Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		21256 66
	(a) SOBTOTAL OF REITHZER INDEPENDENT EXPENDITURES		> 31356.66
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		. •
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

2014

07

PAGE 24 OF 39 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
C C00552422						
M						
of Public Distribution/Dissemination						
/ D = D / Y = Y = Y = Y						
26680.00						
action ID : SE.4334 of Disbursement or Obligation						
04 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
nt: X House District: 19						
ent Senate State: FL						
nt For: Primary General						
other (specify) ▶ Special-Primary						
of Public Distribution/Dissemination						
26680.00						
action ID : SE.4335 of Disbursement or Obligation						
04 / 10 / 2014						
nt: X House District: 19						
ent Senate State: FL						
nt For: Primary General						
Other (specify) ► Special-Primary						
53360.00						

	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	alues are Vital		C C00552422
			0 00002-722
Che	eck if 24-hour report 48-hour report New report	ort Amends repor	t filed on Mam / Dab / Yayayay
Т	Full Name of Payee		Date of Public Distribution/Dissemination
1	Jamestown Associates		M M / D D / Y Y Y Y
ľ	Mailing Address 5 Mapleton Road		Amount
	Suite 300		
1	•	Zip Code	26680.00
1	Princeton NJ	08540	Transaction ID : SE.4334 Date of Disbursement or Obligation
	Purpose of Expenditure TV Buy	Category/ Type 004	04 / 10 / 2014
ŀ	Name of Federal Candidate	Support	Office Sought:
	LIZBETH BENACQUISTO	X Oppose	President Senate State: FL
ŀ	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	1043694.54	2014
ľ	Full Name of Payee		Date of Public Distribution/Dissemination
1	Jamestown Associates		M - M / D - D / Y - Y - Y - Y
ŀ	Mailing Address 5 Mapleton Road		
1	Suite 300		Amount
ŀ	City State	Zip Code	26680.00
	Princeton NJ	08540	Transaction ID : SE.4335
ŀ	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
1	TV Buy	Type 004	04 10 2014
ľ	Name of Federal Candidate	Support	Office Sought: X House District: 19
	CURTIS J CLAWSON	X Oppose	President Senate State: FL
Ī	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	1070374.54	2014
((a) SUBTOTAL of Itemized Independent Expenditures		53360.00
((b) SUBTOTAL of Unitemized Independent Expenditures		>
((c) TOTAL Independent Expenditures		•
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ronald M Firman [Electroni	ically Filed]	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	Signature	Date	

MIZED INDEPENDENT EXPENDITUR	ES				PAGE 25	OF 39 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC		TION NUMBER ▼
alues are Vital				С	C00552422	
eck if 24-hour report 48-hour report	New re	port Amends repo	ort filed or	M = M	/ D D	/ Y = Y = Y
Full Name of Payee Jamestown Associates			С	Date of Pu	blic Distributio	n/Dissemination
Mailing Address 5 Mapleton Road Suite 300			Δ	mount		
City	State	Zip Code				20031.68
Princeton	NJ	08540			ID: SE.4337 sbursement or	
Purpose of Expenditure TV Buy		Category/ Type 004		04	/ 11 D	2014
Name of Federal Candidate		X Support	Office S	ought:	X House	District:19
PAIGE VANIER Vanier KREEGEL		Oppose	Pi	resident	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought	.,,	1135341.22	2014	ement For Other	: Prima (specify) ▶	ry General Special-Primary
Full Name of Payee			Г	Date of Pu	blic Distribution	n/Dissemination
Jamestown Associates				M = M	/ D D	/ Y Y Y Y Y
Mailing Address 5 Mapleton Road				Amount		
Suite 300						
City	State	Zip Code				20031.66
Princeton	NJ	08540			ID: SE.4338 sbursement or	Obligation
Purpose of Expenditure TV Buy		Category/ Type 004		04	/ 11	2014
Name of Federal Candidate		Support	Office S	ought:	X House	District: 19
LIZBETH BENACQUISTO		X Oppose		resident	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		1155372.88	2014	ement For Other	: Prima (specify) ▶ _	ry General Special-Primary
(a) SUBTOTAL of Itemized Independent Expend	itures					40063.34
(b) SUBTOTAL of Unitemized Independent Even	ndituras					
(b) SUBTOTAL of Unitemized Independent Expe	nditures		▶		7	

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman	[Electronically Filed]	Date	07	14	2014
Signature					

Signature

	CHEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURE	S			PAC	_	OF 39
NΑ	ME OF COMMITTEE (In Full)						4 OF FORM 3X
	alues are Vital				FEC IDEN	ΓΙΓΙCAΤΙΟ	ON NUMBER ▼
	arabb arb vitar				C C00	552422	
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends repo		/ D	D /	Y = Y = Y
	Full Name of Payee Jamestown Associates					stribution/	Dissemination
	Mailing Address 5 Mapleton Road Suite 300			Amou	nt		
	City	State	Zip Code				20031.66
	Princeton	NJ	08540		ction ID : So		
	Purpose of Expenditure TV Buy		Category/ Type 004	M	04	11	2014
	Name of Federal Candidate		Support	Office Sough	it: X F	House	District: 19
	CURTIS J CLAWSON		X Oppose	Preside		Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	7	1175404.54	Disbursemen 2014	t For:	Primary _{v)} ▶ S	General General
	Full Name of Payee						/Dissemination
	Jamestown Associates			Date		Stribution/	Parameter
	Mailing Address 5 Mapleton Road			Amou	ınt		
	Suite 300						500.00
	City Princeton	State NJ	Zip Code 08540		action ID : S of Disburser		500.00
	Purpose of Expenditure TV ad		Category/ Type 004	Date		14	2014
			Туре				
	Name of Federal Candidate		Support	Office Sough	nt: X F	House	District: 19
	CURTIS J CLAWSON		Oppose	Preside		Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	, ,	1186904.54	Disbursemen 2014	of For:	Primary y) ►S	General Special-Primary
	(a) SUBTOTAL of Itemized Independent Expenditu	ures		.			20531.66
	(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •			
	(c) TOTAL Independent Expenditures			· .			
	Under penalty of perjury I certify that the independently or at the request or suggestion of, any candicological party committee or it	date or authorized					
	Ronald M Firman			DA DA (D D	V	V

[Electronically Filed]

2014

07

Check if

NAME OF COMMITTEE (In Values are Vital

SCHEDULE E (FE ITEMIZED INDEPENDE

ge# 14941781479					
HEDULE E (FEC Form 3X MIZED INDEPENDENT EXPENDENT				PAGE FOR LI	27 OF 39 NE 24 OF FORM 3X
ME OF COMMITTEE (In Full)				I	CATION NUMBER ▼
alues are Vital				C C005524	
ck if 24-hour report 48-hour re	eport New re	eport Amends repo		M = M / D = D	/ Y = Y = Y = Y
Full Name of Payee Jamestown Associates			Date	of Public Distribu	ution/Dissemination
Mailing Address 5 Mapleton Road			L		
Suite 300			Amo	ount	
City	State	Zip Code	$-\Gamma$		32442.00
Princeton	NJ	08540		action ID : SE.43 of Disbursement	65
Purpose of Expenditure TV Ad		Category/ Type 004		M 04 / D D D 15	2014
Name of Federal Candidate		Support	Office Soug	ght: X House	e District: 19
PAIGE VANIER Vanier KREEGEL		Oppose	Presid		F1
Calendar Year-To-Date Per Election for Office Sought		1219346.54	Disburseme 2014	ent For: Pri	mary General Special-Primary
Full Name of Payee Jamestown Associates					ution/Dissemination
Mailing Address 5 Mapleton Road			Amo	ount	
Suite 300			Amo	Junt	
City	State	Zip Code			48663.00
Princeton	NJ	08540		saction ID : SE.43 e of Disbursement	
Purpose of Expenditure TV Ad		Category/ Type 004] [04 / 15	2014
Name of Federal Candidate		Support	Office Soug	ght: X Hous	e District: 19
CURTIS J CLAWSON		Oppose	Presi		
Calendar Year-To-Date Per Election for Office Sought	, , , ,	1268009.54	Disburseme 2014	ent For: Pri Other (specify) ▶	mary General Special-Primary
a) SUBTOTAL of Itemized Independent E	xpenditures		•	7	81105.00
o) SUBTOTAL of Unitemized Independent	t Expenditures		· [7	7 1 7 1
TOTAL Independent Expenditures			· []		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman	[Electronically Filed]	Date	07	14	2014
Signature					
Olgriature					

Signature

S

	HEDULE E (FEC Form 3X)						
ΙΕΙV	MIZED INDEPENDENT EXPENDITURES					PAGE 28	3 OF 39 24 OF FORM 3X
	E OF COMMITTEE (In Full)				FEC	C IDENTIFICAT	TION NUMBER ▼
Va	lues are Vital				C	C00552422	
Chec	k if 24-hour report 48-hour report New	w report	Amends repo	ort filed	on M M	/ D = D	/
	Full Name of Payee Jamestown Associates				Date of Pu		n/Dissemination
N	Mailing Address 5 Mapleton Road				Amount		
	Suite 300 Dity State		o Code		· · ·		12500.00
F	Princeton NJ		3540	-		n ID : SE.4377 isbursement or	
	Purpose of Expenditure TV ad productions	С	Category/ Type 004		04	/ 16	2014
Ν	Name of Federal Candidate		Support	Office	Sought:	X House	District: 19
(CURTIS J CLAWSON		X Oppose		President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	13	316990.54	Disbui 2014	rsement Fo	r: Primar	ry General Special-Primary
	Jamestown Associates				Date of P	ublic Distributio	on/Dissemination
Ņ	Mailing Address 5 Mapleton Road Suite 300				Amount		
	City State	Zir	p Code				8500.00
	Princeton NJ		8540			n ID : SE.4378 isbursement or	Obligation
	Purpose of Expenditure TV ad productions	С	Category/ Type 004		04	16	2014
1	Name of Federal Candidate		Support	Office	Sought:	X House	District: 19
	PAIGE VANIER Vanier KREEGEL		Oppose		President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	1;	325490.54	Disbu 2014	rsement Fo	or: Prima (specify) ►	ry General Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures			▶		7 7	21000.00
(b) SUBTOTAL of Unitemized Independent Expenditures			·· •		7 7	
(c)) TOTAL Independent Expenditures			·· •		4 4	
wit	nder penalty of perjury I certify that the independent expend th, or at the request or suggestion of, any candidate or authorty committee) any political party committee or its agent.						
	Ronald M Firman			М =	M / B		Y

[Electronically Filed]

2014

07

NAME OF COMMITTEE (In Full) Values are Vital

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 29	9 OF 39 24 OF FORM 3X
FEC	-	TION NUMBER ▼
C		
on M M	/ D D	/ Y = Y = Y = Y
Date of Pub	lic Distributio	n/Dissemination
M = M	/ D D	/
Amount		
Transaction	, , ,	7500.00
	ID: SE.4379 oursement or	
04		2014
Sought:	X House	District:19
President	Senate	FI
rsement For:	Prima	
		Special-Primary
Date of Pub		on/Dissemination
Amount		
		21344.00
Transaction		
	bursement or	/ Y Y Y Y Y Y Y Y 2014
Sought:	X House	District:19
President	Senate	E1
rsement For:	Prima	
		Special-Primary
J Oulei (-,
		28844.00
de in cooper	ation, consul	tation, or concert

Check if 48-hour report 24-hour report New report Amends report filed Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road Suite 300 City State Zip Code NJ Princeton 08540 Purpose of Expenditure Category/ TV ad productions 004 Type Name of Federal Candidate Support Office LIZBETH BENACQUISTO Oppose Disbu Calendar Year-To-Date 2014 1332990.54 Per Election for Office Sought Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road Suite 300 City State Zip Code Princeton NJ 08540 Purpose of Expenditure Category/ TV Ad Buy 004 Type Name of Federal Candidate Offic X Support PAIGE VANIER Vanier KREEGEL Oppose Calendar Year-To-Date Disb 1375334.54 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ronald M Firman [Electronically Filed] 14 2014 Date Signature

SC ITE

age# 14941781482					
CHEDULE E (FEC Form 3)	X)				
MIZED INDEPENDENT EXPEND				11110	39
				FOR LINE 24 OF FORM	м зх
ME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBE	R▼
alues are Vital				C00552422	
				C00552422	
			M	M / D D / Y Y Y	Y
eck if 24-hour report 48-hour	report New rep	oort Amends repo	rt filed on		
Full Name of Payee			Date of I	Public Distribution/Dissemination	on
Jamestown Associates			M	M / D D / Y Y Y	Y
Mailing Address F Manleton Bood				_	
5 Mapleton Road			Amount		
Suite 300					
City	State	Zip Code		13341.0	0
Princeton	NJ	08540		on ÍD : SE.4389 Disbursement or Obligation	
Purpose of Expenditure		Category/	M		Y
TV Ad Buy		Type 004	04	17 2014	
Name of Federal Candidate		Support	Office Sought:	X House District:1	19
CURTIS J CLAWSON					-L
00111.0002.11		X Oppose	President	Senate State:	
Calendar Year-To-Date		1000075 54	Disbursement F	For: Primary Ger	neral
Per Election for Office Sought		1388675.54	2014 X Othe	er (specify) Special-Prima	ary
Full Name of Payee				Public Distribution/Dissemination	ion
Jamestown Associates			Date of	M / D D / Y Y Y	
				, , , , , , , , , , , , , , , , , , , ,	Ī. II
Mailing Address 5 Mapleton Road			Amount		
Suite 300			Amount		
City	State	Zip Code		5337.0	0
Princeton	NJ	08540	Transacti	on ID : SE.4390	
		1		Disbursement or Obligation	
Purpose of Expenditure TV Ad Buy		Category/ 004	M 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
1 V Ad Buy		Type 004	_	4 17 2014	الت
Name of Federal Candidate		Support	Office Sought:	House District:	19
LIZBETH BENACQUISTO		Oppose	President		FL
		N obbooc		Seriale State.	
Calendar Year-To-Date		1394012.54	Disbursement F		neral
Per Election for Office Sought		1004012.04	Othe	er (specify) - Special-Prima	ary
(a) SUBTOTAL of Itemized Independent	Expenditures			18678.00	
,				7 7 7	
(b) SUBTOTAL of Uniterprized Independen	nt Evnanditurae				
(b) SUBTOTAL of Unitermized Independent	III Experiultures		• •	7 7 7	
(c) TOTAL Independent Expenditures					- 17

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman	[Electronically Filed]	Date	07 /	14	/	2014
Signature						

Ronald M Firman

Signature

	CHEDULE E (FEC Form				
Т	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 31 OF 39 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
١	/alues are Vital				C00552422
С	heck if 24-hour report 48-hou	r report New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	Full Name of Payee Jamestown Associates			Date of I	Public Distribution/Dissemination
	Mailing Address 5 Mapleton Road			Amount	
	Suite 300				
	City Princeton	State NJ	Zip Code 08540		2810.03 on ID : SE.4394
	Purpose of Expenditure TV Ad Production		Category/ Type 004	Date of 1	
	Name of Federal Candidate		Support	Office Sought:	House District:19
	PAIGE VANIER Vanier KREEGEL		Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought		1414042.26	Disbursement F 2014	or: Primary General or (specify) ► Special-Primary
	Full Name of Payee Jamestown Associates Mailing Address 5 Mapleton Road			Date of M Amount	Public Distribution/Dissemination
	Suite 300	State	Zip Code		2750.00
	Princeton	NJ	08540		on ID : SE.4407 Disbursement or Obligation
	Purpose of Expenditure TV Ad Production		Category/ Type 004	M 04	
	Name of Federal Candidate		X Support	Office Sought:	X House District:19
	PAIGE VANIER Vanier KREEGEL		Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		1416792.26	Disbursement F 2014	For: Primary General or (specify) ► Special-Primary
	(a) SUBTOTAL of Itemized Independent (b) SUBTOTAL of Unitemized Independent	·			5560.03
	(c) TOTAL Independent Expenditures			· •	7
	Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party com	, any candidate or authorized			

[Electronically Filed]

2014

07

Ronald M Firman

Signature

	CHEDULE E						
TΕ	EMIZED INDEPE	NDENT EXPEND	ITURES				32 OF 39 NE 24 OF FORM 3X
	AME OF COMMITTEE	, ,				FEC IDENTIFIC	ATION NUMBER ▼
٧	/alues are Vital					C C0055242	22
Cł	neck if 24-hour re	eport 48-hour	report New repo	ort Amends repo		M = M / D = D	/
	Full Name of Payee Morado & Asso				Date	of Public Distribu	tion/Dissemination
	Mailing Address	217 E Cape Coral Par	·kway		Amo	ount	
		MB #160					
	City Cape Coral		State FL	Zip Code 33904		action ID : SE.430 of Disbursement	
	Purpose of Expendi Internet Media	iture		Category/ Type 004] [04 / 07	2014
	Name of Federal Ca	andidate		X Support	Office Soug	ght: X House	e District: 19
	PAIGE VANIER Var	nier KREEGEL		Oppose	Presid	dent Senate	e State: FL
	Calendar Year- Per Election fo	To-Date or Office Sought		953732.88	Disburseme 2014	ent For: Prin	nary General Special-Primary
	Full Name of Payer				Date	e of Public Distribu	tion/Dissemination
	Morado & Ass	sociates, LLC			[M M / D D	/
		217 E Cape Coral Par MB #160	kway		Amo	ount	
	City	WD #100	State	Zip Code	$-\Gamma$		3333.33
	Cape Coral		FL	33904		saction ID : SE.430 e of Disbursement	
	Purpose of Expendi Internet Media	iture		Category/ Type 004		04 / 07	2014
	Name of Federal C	andidate		Support	Office Soug	ght: X House	e District:19
	LIZBETH BENACQ	UISTO		X Oppose	Presid		E I
	Calendar Year- Per Election fo	To-Date or Office Sought		957066.21	Disburseme 2014	ent For: Prin	mary General Special-Primary
	(a) SUBTOTAL of Ite	emized Independent	Expenditures		· [7	6666.67
	(b) SUBTOTAL of U	nitemized Independe	nt Expenditures		· • [7
	(c) TOTAL Independ	lent Expenditures			• [4	4
		st or suggestion of, a	e independent expenditures any candidate or authorized hittee or its agent.				

[Electronically Filed]

2014

07

I EIVIIZED INL	JEPENDENI EXPEN	DITURES			L .	FOR LINE	OF 39 24 OF FORM 3X
NAME OF COMM					FEC ID	ENTIFICATI	ION NUMBER ▼
Values are	Vital				C	000552422	
						- D - D - /	- V - V - V
Check if 24-	hour report 48-hour	r report New repo	ort Amends repo	ort filed on	M M /	D D /	A
Full Name of	Payee Associates, LLC			Da	te of Public	Distribution	n/Dissemination
	·				M M /	D D /	Y Y Y Y
Mailing Addre	ess 1217 E Cape Coral Pa	arkway		An	nount		
011	PMB #160			— г			2222.22
City Cape Coral		State FL	Zip Code 33904	Trai	nsaction ID	· SE 4304	3333.33
<u> </u>					ite of Disbu		Obligation
Purpose of E Internet Medi			Category/ Type 004		04 /	07	2014
Name of Fed	leral Candidate		Support	Office Sor	ught:	House	District:19
CURTIS J CL	_AWSON		X Oppose		sident	Senate	State: FL
	r Year-To-Date		960399.54	Disbursen 2014	nent For:	Primary	,
	ction for Office Sought	7-1-7-	00000010	×	Other (spe	ecify) 🕨	Special-Primary
Full Name of	Payee & Associates, LLC			Da	ate of Public	Distribution	n/Dissemination
	·				M = M /	D D /	YIYIY
Mailing Addre	ess 1217 E Cape Coral Pa	arkway		Ar	nount		
	PMB #160						
City		State	Zip Code	Tra	nsaction ID	· SE 1318	5000.00
Cape Coral		FL	33904	I	ate of Disbu		Obligation
Purpose of E Internet Med	Expenditure lia Ads and Services		Category/ Type 004		04	10	2014
Name of Fed	deral Candidate		Support	Office So	ught:	K House	District:19
PAIGE VANI	ER Vanier KREEGEL		Oppose	Pre	esident	Senate	State: FL
Calenda	ır Year-To-Date			Disburser	nent For:	Primar	y General
Per Elec	ction for Office Sought		1105309.54	2014	Other (spe	ecify) ►	Special-Primary
(a) SUBTOTA	L of Itemized Independent	t Expenditures		·· •		-	8333.33
(b) CURTOTA	-f Unitermized Independ	ant Europeditures					
(D) 306101A	L 01 Utilitettiized independe	ent Expenditures		" ▶ _			
(c) TOTAL Inc	dependent Expenditures						
					7	7	
with, or at the		ne independent expenditures any candidate or authorized mittee or its agent.	•				·
R	Ronald M Firman	[Electron	ically Filed]	o 07	/ 0 0	/ 20	1 <i>A</i>
Signature		[23000000	Date	9 07	14	20	14

TEMIZED INDEPENDENT EXPENDITURES		PAGE 34 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Values are Vital		C C00552422
Check if 24-hour report 48-hour report New	report Amends report	t filed on The state of the sta
Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination
· ·		M M / D D / Y Y Y Y
Mailing Address 1217 E Cape Coral Parkway		Amount
PMB #160		5000.00
City State Cape Coral FL	Zip Code 33904	5000.00 Transaction ID : SE.4349
	<u> </u>	Date of Disbursement or Obligation
Purpose of Expenditure Internet Media Ads and Services	Category/ Type 004	04 10 / 2014
Name of Federal Candidate	Support	Office Sought:
LIZBETH BENACQUISTO	Oppose	President Senate State: FL
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	1110309.54	2014
Full Name of Payee		Date of Public Distribution/Dissemination
Morado & Associates, LLC		M = M / D = D / Y = Y = Y
Mailing Address 1217 E Cape Coral Parkway		
PMB #160		Amount
City State	Zip Code	5000.00
Cape Coral FL	33904	Transaction ID : SE.4350 Date of Disbursement or Obligation
Purpose of Expenditure Internet Media Ads and Services	Category/ Type 004	04 10 7 2014
Name of Federal Candidate	Support	Office Sought: Y House District: 19
CURTIS J CLAWSON		Tiodse Bistrict.
000 0 0200	∑ Oppose	Fresident Senate State.
Calendar Year-To-Date Per Election for Office Sought	1115309.54	Disbursement For: Primary General 2014
Tot Election for Since Sought	7	Other (specify) ▶ Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures		10000.00
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
(4)		7 7
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	•	·
Ronald M Firman [Elect	tronically Filed] Date	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	0. 1. 2011

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Values are Vital				C C00552422
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Morado & Associates, LLC			Dat	e of Public Distribution/Dissemination
Marting Addings				M = M / D - D / 1 - 1 - 1 - 1
Mailing Address 1217 E Cape Coral Parkway			Am	ount
PMB #160	State	Zip Code	$ \Gamma$	4000.00
Cape Coral	FL	33904		saction ID : SE.4356 te of Disbursement or Obligation
Purpose of Expenditure Internet media		Category/ Type 004		04
Name of Federal Candidate		Support	Office Sou	ight: X House District: 19
PAIGE VANIER Vanier KREEGEL		Oppose		sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1179404.54	Disbursem 2014	ent For:
Full Name of Payee Morado & Associates, LLC			Dat	te of Public Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway			Am	ount
PMB #160				
City Cape Coral	State FL	Zip Code 33904		6000.00 saction ID : SE.4357
Purpose of Expenditure Internet media		Category/ Type 004	Dat	te of Disbursement or Obligation M
Name of Federal Candidate		Support	Office Sou	ught: X House District: 19
CURTIS J CLAWSON		X Oppose		sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1185404.54	Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures.			•	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			• <u></u>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ronald M Firman	[Electron	ically Filed] Date	M M M	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	, L.	

	CHEDULE E (FEC Form 3	1 X)		
	EMIZED INDEPENDENT EXPEN	-		PAGE 36 OF 39
				FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
١	/alues are Vital			C C00552422
CI	heck if 24-hour report 48-hour	report New r	eport Amends repo	ort filed on
	Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination
	Mailing Address 1217 E Cape Coral Pa	arkway		Amount
	PMB #160			
	City	State	Zip Code	1000.00
	Cape Coral	FL	33904	Transaction ID : SE.4358 Date of Disbursement or Obligation
	Purpose of Expenditure Internet media		Category/ Type 004	04 14 2014
	Name of Federal Candidate		Support	Office Sought: X House District: 19
	LIZBETH BENACQUISTO		Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		1186404.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Special-Primary
	Full Name of Payee Morado & Associates, LLC	-		Date of Public Distribution/Dissemination
	Mailing Address 1217 E Cape Coral Pa	arkway		Amount
	PMB #160	State	Zip Code	4000.00
	Cape Coral	FL	33904	Transaction ID : SE.4367 Date of Disbursement or Obligation
	Purpose of Expenditure Internet Media		Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		X Support	Office Sought: House District: 19
	PAIGE VANIER Vanier KREEGEL		Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		1272009.54	Disbursement For: Primary General 2014 Special-Primary Special-Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures		5000.00
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•
	(2)			45 45 45
	(c) TOTAL Independent Expenditures			•

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman	[Electronically Filed]		M = M	/ D D	/	Y Y Y Y
	[Electronically Filea]	Date	07	14		2014
Signature					1	

Image# 14941781489		
SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES		PAGE 37 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Values are Vital		C C00552422
Check if 24-hour report 48-hour report N	ew report Amends repo	ort filed on
Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount
City State	Zip Code	1000.00
Cape Coral FL	33904	Transaction ID : SE.4368 Date of Disbursement or Obligation
Purpose of Expenditure Internet Media	Category/ Type 004	04 / 15 / 2014
Name of Federal Candidate	Support	Office Sought: X House District: 19
LIZBETH BENACQUISTO	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	1273009.54	Disbursement For: Primary General 2014 Special-Primary Special-Primary
Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway		Amount
PMB #160 City State	Zip Code	6000.00
Cape Coral FL	33904	Transaction ID : SE.4369 Date of Disbursement or Obligation
Purpose of Expenditure Internet Media	Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: X House District: 19
CURTIS J CLAWSON	X Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	1279009.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures		7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman	[Electronically Filed]	Date	07 /	14	2014
Signature					

Signature

SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 38 OF 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Values are Vital	
	C C00552422
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Morado & Associates, LLC	Date of Public Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkway	
PMB #160	Amount
City State Zip Code	14000.00
Cape Coral FL 33904 Tr	ansaction ID : SE.4385
Purpose of Expenditure Internet Media Category/ Type 004	Date of Disbursement or Obligation 04 17 2014
Туре	
Name of Federal Candidate Support Office S	
PAIGE VANIER Vanier KREEGEL Oppose Pi	President Senate State: FL
1346990 54	ement For: Primary General
Per Election for Office Sought	X Other (specify) ► Special-Primary
	Date of Public Distribution/Dissemination
Morado & Associates, LLC	M = M / D = D / Y = Y = Y
Mailing Address 1217 E Cape Coral Parkway	
PMB #160	Amount
City State Zip Code	5600.00
	ransaction ID: SE.4386 Date of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y
Internet Media Type 004	04 17 2014
Name of Federal Candidate Support Office S	Sought: X House District: 19
CURTIS LCI AWSON	President Senate State: FL
	ement For: Primary General
Per Election for Office Sought 1352590.54 2014	Other (specify) ► Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	19600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OFFICE HISCOPPING EXPONENTIAL EXPONENTIAL CO.	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	·
Ronald M Firman [Electronically Filed] Date 07	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

EMIZED INDEPENDENT EXPENDIT	URES			PAGE 39 OF 39 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full) /alues are Vital			FEC	IDENTIFICATION NUMBER ▼
values are vital			С	C00552422
heck if 24-hour report 48-hour report	ort New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Morado & Associates, LLC			Date of Pu	blic Distribution/Dissemination
Mailing Address 1217 E Cape Coral Parkwa	у		Amount	
PMB #160				
City Cape Coral	State FL	Zip Code 33904		1400.00 ID: SE.4387 Sursement or Obligation
Purpose of Expenditure Internet Media		Category/ Type 004	04 O4	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	X House District: 19
LIZBETH BENACQUISTO		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1353990.54	Disbursement For 2014	_ ,
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Mailing Address			Amount	
City	State	Zip Code		<u></u>
			Date of Dis	sbursement or Obligation
Purpose of Expenditure		Category/ Type	M = M	/ D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For	: Primary General
(a) SUBTOTAL of Itemized Independent Exp	enditures			1400.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		·· •	7 1 1 7 1 1 7 1

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman	[Electronically Filed]	Date	07 /	14	/	2014
Signature						